FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	Office use only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
LA CANADA F	LINTRIDGE DEM	OCRATIC CLUB		
	11111	1 1 1 1 1 1	<u> </u>	
ADDRESS (number and	street) 1212	S. Victory Blvd		
X (Check if address is changed)		BANK		CA 91502 _
COMMITTEE'S E MAI	LADDDECC		CITY▲	STATE▲ ZIP CODE ▲
committee's e-mai	associates.com			
COMMITTEE'S WEB	PAGE ADDRESS (U	IIIIIII		
1				
2. DATE 0.2				
3. FEC IDENTIFICA	TION NUMBER		C C00411082	
4. IS THIS STATEM	ENT X NEW	(N) OR	AMENDED (A)	
I certify that I have exami	1/	to the best of my know	wledge and belief it is true, correct	and complete
Signature of Treasurer	Electronically Filed	d by <b>Kinde Durl</b>	kee	Date 02 / DD / YYYYY
NOTE: Submission of fal			subject the person signing this S	statement to the penalties of 2 U.S.C. S437g.  D WITHIN 10 DAYS
Office Use Only			For further information Federal Election Communication Toll Free 800-424-953	nission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	d fund or party
ŝ.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	<b>.</b> 1
	OITV 6 OTATE A	71D CODE <b>A</b>
	CITY <b>≜</b> STATE <b>≜</b>	ZIP CODE
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organi	zation
	Membership Organization Trade Association Cooperative	

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Write or Type Committee N	ame															
LA CANADA FLINT	TRIDGE DEMOCRATIC CLUB															
	: Identify by name, address, (phone number nittee books and records.	optional), and position of the	ne person in													
Full Name	nde Durkee															
Mailing Address	1212 S. Victory Blvd.	1212 S. Victory Blvd.														
	Burbank	CA	91502													
Title or Position ▼	CITY A	STATE▲	ZIP CODE ▲													
Treas		818 Telephone number	260 0669													
name and address o	name and address (phone number optional) of any designated agent (e.g., assistant treasurer		ittee; and the													
name and address o  Full Name of Treasurer  Ki	f any designated agent (e.g., assistant treasure		ittee; and the													
name and address o	f any designated agent (e.g., assistant treasure		ittee; and the													
name and address o  Full Name of Treasurer  Ki	f any designated agent (e.g., assistant treasure		91502													
name and address o  Full Name of Treasurer  Ki	if any designated agent (e.g., assistant treasurer inde Durkee  1212 S. Victory Blvd.	r).														
name and address o  Full Name of Treasurer  Mailing Address	Inde Durkee  1212 S. Victory Blvd.  Burbank  CITY A		91502													
name and address of Full Name of Treasurer Kind Mailing Address  Title or Position ▼	Inde Durkee  1212 S. Victory Blvd.  Burbank  CITY A		91502													
name and address of Full Name of Treasurer  Mailing Address  Title or Position ▼  Treas  Full Name of Designated	Inde Durkee  1212 S. Victory Blvd.  Burbank  CITY A		91502													
name and address of Full Name of Treasurer  Mailing Address  Title or Position ▼  Treas  Full Name of Designated Agent	Inde Durkee  1212 S. Victory Blvd.  Burbank  CITY A		91502													

Telephone number

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9.	safety deposit box	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.															s, re	nts															
	Name of Bank, Do	eposit	ory, e	etc.																													
										1				L	1	L															L		_
	Mailing Address					Ш							L	L	1	L																	
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